



RI Department of Health
3 Capitol Hill, Room 104
Providence, RI 02908-5097
www.health.ri.gov

RI Department of Health

Application and Instructions for:

Environmental Lead Assessor

**DO NOT DUPLICATE THIS FORM
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET**

INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted and your application will be returned to you. Please use a ball point pen. Information can be obtained on our website at www.health.ri.gov
- Please mail your completed application and the required documents to:

Rhode Island Department of Health
Office of Health Professionals Regulation
Room 104 - 3 Capitol Hill
Providence, RI 02908-5097

Required Documentation	(A) Documentation that the applicant has authority to enforce housing, occupational health, child welfare and/or environmental standards under Federal, State and/or local laws or Regulations. (B) Attach copy of certificate(s) indicating successful completion of an initial training course, approved in accordance with Subsection 18.7(j) and (k)
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Please make a photocopy of your entire completed application for your records before mailing to the office. The office is not responsible for providing you with a photocopy of your application.

You will be notified by mail when to appear to have your photograph taken and your ID badge printed.

Please allow the office fifteen (15) business days to process your application and notify you to appear to have your photograph taken.

Please call the Office of Health Professionals Regulation at 401-222-2828 if you have any questions about the application process.

You may review the status of your application at the Department of Health's' license verification site:
<https://healthri.mylicense.com/Verification>

State of Rhode Island and Providence Plantations

Department of Health

Name:

This is the name that will be printed on your License and reported to those that inquire about your License.

Do not use nicknames, etc.

Name: _____
 Prefix First Name Last Name Suffix
 (Mr/Mrs/Dr.)

Date/Place of Birth:

Date of Birth: - -
 Month Day Year

Place of Birth: _____

Gender:

Male ☐ Female ☐

Residence Information:

It is your responsibility to keep the Department apprised of all address and phone number changes.

(Not published on the HEALTH web site).

Address Line 1 _____
 Address Line 2 _____
 Address Line 3 _____
 Address City, State, ZipCode _____
 Address Country _____
 Phone: _____
 Fax: _____
 Email Address: _____

Business/Employment Information:

Please provide the employment information related to this license. Include Name of Business/Employer

Address Line 1 _____
 Address Line 2 _____
 Address Line 3 _____
 Address City, State, ZipCode _____
 Address Country _____
 Phone: _____
 Fax: _____
 Email Address: _____

Applicant's Agency Type:

- ☐ City/Town Code Enforcement/Minimum Housing
- ☐ City/Town/Regional Housing Authority
- ☐ State/Federal Agency with authority over housing
- ☐ Other (Specify) _____

Applicant's Agency: _____

SSN: (Social Security Number)	<p>Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.</p> <p>SSN: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
Certiification/Authorization in other Jursisdictions	<p>Indicate all other federal, state or local jurisdictions in which the applicant currently holds any certification or other authorization to perform lead hazard reduction and/or lead inspection activities. Attach copies of all such certifications and/or authorizations.</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="checkbox"/> Check if Not Applicable</p>
Race/Ethnicity (This information is voluntary and will not affect issuance of your license.)	<p>Ethnicity – Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Race - <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White</p>
Enforcement Actions in Other Jurisdictions: If the answer(s) to any of these questions is yes, provide details. Please attach additional sheets if necessary.	<ol style="list-style-type: none"> Has any federal, state or local jurisdiction ever revoked, suspended, proposed to revoke, or proposed to suspend a certification or other authorization to perform lead hazard reduction and/or lead inspection activities held by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any federal, state or local jurisdiction ever imposed or proposed to impose any criminal, civil or administrative penalties in conjunction with any lead hazard reduction and/or lead inspection activities performed by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No Does any federal, state or local jurisdiction have outstanding enforcement action(s) in conjunction with any lead hazard reduction and/or lead inspection activities performed by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Affidavit of Applicant Read, sign, and date this affidavit.	<p style="text-align: center;"><u>This Application Must be Signed by the Applicant</u></p> <p>I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.</p> <p>I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.</p> <p>_____ Signature</p> <p>_____ Date of Signature (MM/DD/YY)</p>